

091674717

**CLAIMS AS FILED - PART I**

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	33 minus 20 =	-13	
INDEPENDENT CLAIMS	X/ minus 3 =	-8	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	33	Minus	33	-
Independent	/	Minus	/	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	800
X\$ 9=		OR X\$18=	234
X40=		OR X80=	640
+135=		OR +270=	
TOTAL		OR TOTAL	1724

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

		RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
AMENDMENT B	105/04	X\$ 9=		OR X\$18=	
Total	33	Minus	33	OR X80=	
Independent	/	Minus	/	OR +270=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

		RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
AMENDMENT C	4/20/05	X\$ 9=		OR X\$18=	
Total	33	Minus	33	OR X80=	
Independent	/	Minus	/	OR +270=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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